

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 10/1/84 |
| 2     | ✓     | ✓        | 10/1/84 |
| 3     | ✓     | ✓        | 10/1/84 |
| 4     | ✓     | ✓        | 10/1/84 |
| 5     | ✓     | ✓        | 10/1/84 |
| 6     | ✓     | ✓        | 10/1/84 |
| 7     | ✓     | ✓        | 10/1/84 |
| 8     | ✓     | ✓        | 10/1/84 |
| 9     | ✓     | ✓        | 10/1/84 |
| 10    | ✓     | ✓        | 10/1/84 |
| 11    | ✓     | ✓        | 10/1/84 |
| 12    | ✓     | ✓        | 10/1/84 |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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